**LUNG Carcinoma**

Procedure:
- Wedge
- Segmentectomy
- Lobe(s)
- Whole lung: R L

Attached tissues (specify):

Specimen integrity:
- Intact
- Disrupted (if YES, identify site)
- Indeterminate

Tumor:
- Site
- Focality
  - Unifocal
  - Separate nodules in same lobe (# and size)
  - Separate nodules in different lobes (#, size, and site)
  - Synchronous carcinomas (specify sites)
  - Cannot be determined

Size (three dimensions): cm

Histologic type:
- Squamous cell carcinoma
- Adenocarcinoma:
  - Adenocarcinoma, NOS
  - Adenocarcinoma, (lepidic, acinar, papillary, solid, micropapillary) predominant
  - Adenocarcinoma in-situ, non-mucinous/mucinous type (≤ 3.0 cm)
  - Minimally invasive adenocarcinoma, non-mucinous/mucinous type (≤ 3.0 cm)
- Small cell carcinoma
- Combined small cell carcinoma and non-small cell carcinoma (specify type)
- Large cell carcinoma NOS
  - Basaloid carcinoma
  - Large cell neuroendocrine
- Adenosquamous carcinoma
- Sarcomatoid carcinoma (specify specific histologic components, eg squamous cell)
- Carcinoid tumor: Typical/Atypical
- Other:

Histologic grade (adenocarcinoma only):
- Well differentiated
- Moderately differentiated
- Poorly differentiated

Margin Status: Bronchial margin:  Positive / Negative
- Parenchymal (wedge only):  Positive / Negative
Chest wall: Positive / Negative
Other: Positive / Negative

Is visceral pleura involved? ______Yes_______No

Is lymph-vascular invasion present? _____YES, _____NO

Lymph nodes: Number involved_____/Total number_____

T N M

Lung Carcinoma
TX - Primary tumor cannot be assessed, or tumor proven by presence of malignant cells in sputum or bronchial washings but not visualized by imaging or bronchoscopy
T0 - No evidence of primary tumor
Tis - Carcinoma in situ:
T1 - Tumor 3 cm or less in greatest dimension, surrounded by lung or visceral pleura, without bronchoscopic evidence of invasion more proximal than the lobar bronchus (i.e. not in main bronchus)
  T1a – Tumor ≤ 2 cm
  T1b – Tumor > 2 cm but ≤ 3 cm
T2 - Tumor > 3 cm but ≤ 7 cm with any of the following features (T2 tumors with these features are classified T2a if ≤ 5 cm):
  Involves main bronchus, 2 cm or more distal to the carina
  Invades into (PL1) or through (PL2) the visceral pleura (but not parietal pleura)
  Associated with atelectasis or obstructive pneumonitis which extends to the hilar region but does not involve the entire lung
  T2a – Tumor > 3 cm but ≤ 5 cm
  T2b – Tumor > 5 cm but ≤ 7 cm
T3 - Tumor > 7 cm or tumor of any size that directly invades any of the following: parietal pleura (PL3), chest wall (including superior sulcus tumors), diaphragm, mediastinal pleura, parietal pericardium; or tumor in the main bronchus less than 2 cm distal to the carina but without involvement of the carina; or associated atelectasis or obstructive pneumonitis of the entire lung; or separate tumor nodule(s) in the same lobe
T4 - Tumor of any size that invades any of the following: mediastinum, heart, great vessels, trachea, recurrent laryngeal nerve, esophagus, vertebral body carina; separate tumor nodule(s) in a different ipsilateral lobe

LYMPH NODE (N)
Nx - Regional lymph nodes cannot be assessed
N0 - No regional lymph node metastasis
N1 - Metastasis in ipsilateral peribronchial and/or ipsilateral hilar lymph nodes (stations 10 and 11) and intrapulmonary nodes, including direct extension
N2 - Metastasis in ipsilateral mediastinal and/or subcarinal lymph node(s)
N3 - Metastasis in contralateral mediastinal, contralateral hilar, ipsilateral or contralateral scalene or supraclavicular lymph node(s)

DISTANT METASTASIS (M)
Mx - Presence of distant metastasis cannot be assessed
M0 - No distant metastasis